DECLARATION AND POWER OF ATTORNEY FOR ORIGINAL U.S. PATENT APPLICATION

Attorney's Docket No. CISCP271/5126

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **METHODS AND APPARATUS FOR MOBILE IP HOME AGENT CLUSTERING** the specification of which,

(check one)	 is attached 	ed hereto.		
ijo de	IIS Ann	l on		
	and was	amended on	asas e-identified specification, including the claims,	
Ç.I	3. was filed	on	as	
zins ins	Internation	onal PCT Application No.		
	and was a	amended on	·	
hereby state that	t I have reviewed and und	derstand the contents of the above	e-identified specification, including the claims	, as
amended by any a	mendment referred to above	e.		
	duty to disclose informati	on which is material to the patents	ability of this application in accordance with T	itle
37, CFR § 1.56.				
Prior Foreign Ap	plication(s)			
hereby claim for	eign priority benefits under	Title 35, United States code, § 11	19(a)-(d) or § 365(b) of any foreign application	n(s)
for patent or inver	itor's certificate, or § 365(a) of any PCT International applic	cation which designated at least one country of	her
inventor's certifica	otates, fisted below and fi	ave identified below, by checking	g the box, any foreign application for patent efore that of the application on which priority	or
claimed:	ic, or i or international a	application having a ming date of	store that or the apprication on which priority	y 15
			Priority Benefits Claimed?	
			Yes No	
(Application No.)	(Country)	(Filing D		
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			Yes No	
(Application No.)	(Country)	(Filing D		
(Application No.) Provisional Appli		(Filing D		
Provisional Appli	cation(s)	(Filing Di	Pate)	
Provisional Appli	cation(s) benefit under 35 U.S.C. §1		Pate)	
Provisional Appli I hereby claim the	cation(s) benefit under 35 U.S.C. §1	19(e) of any United States provision	Pate)	
Provisional Appli I hereby claim the	cation(s) benefit under 35 U.S.C. §1	19(e) of any United States provision	Pate)	

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(Revised 03/00)

Prior U.S. Application(s)

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s), or § 365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

(Application No.)	(Filing Date)	(Status - patented, pending, abandoned)
(Application No.)	(Filing Date)	(Status - patented, pending, abandoned)

Power of Attorney

And I hereby appoint the law firm of Beyer Weaver & Thomas, LLP and all practitioners who are associated with the Customer Number 022434 as my principal attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Direct Correspondence To:

Customer Number: 022434



Direct Telephone Calls To:

Elise R. Heilbrunn at telephone number (510) 843-6200

Thereby declare that all statements made herein of my own knowledge are true and that all statements made on information and the lief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Typewritten Full Name of Sole or First Inventor: Citizenship: Inventor's signature: Date of Signature: Residence: (City) San Jose (State/Country) California, USA Post Office Address: 944 McBride Loop, San Jose, California 95125 Second Inventor: Citizenship: Inventor's signature: Residence: (City) Mountain View (State/Country) California, USA Post Office Address: 2447 Villa Nueva Way, Mountain View, California 94040

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Third Inventor:	Alpesh Patel	Citizenship: <u>India</u>		
Inventor's signature:	alpein patel As Patel	Date of Signature: 2 2 02		
Residence: (City)	Santa Clara	(State/Country) California, USA		
Post Office Address:	3131 Homestead Road, #9L, Santa Clara, California 95051			

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